

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<b>64</b>	<b>11 / 1 / 17</b>		<b>CHINA CITY CAFE</b>	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>		RATING	<b>2:30 PM</b>	<b>6:40 PM</b>	<b>CHAO'S CORPORATION</b>	
Investigation			<b>D</b>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<b>170003067</b>		<b>CALVO CENTER 612 N. MARINE DR LOT 2 TRACT 100 BLK 1</b>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<b>RESTAURANT</b>				<b>1</b>	<b>637-1268</b>	<b>8</b>	<b>3</b>
				No. of Repeat Risk Factor/Intervention Violations <b>0</b>			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS	Compliance Status			COS	R	PTS
<b>Supervision</b>											
1	IN	OUT			6	16	IN	OUT	N/A		6
Person in charge present, demonstrates knowledge, and performs duties						Proper cooking time and temperatures					
<b>Employee Health</b>											
2	IN	OUT			6	17	IN	OUT	N/A		6
Management awareness, policy present						Proper reheating procedures for hot holding					
3	IN	OUT			6	18	IN	OUT	N/A		6
Proper use of reporting, restriction & exclusion						Proper cooling time and temperatures					
<b>Good Hygienic Practices</b>											
4	IN	OUT	N/A	N/O	6	19	IN	OUT	N/A		6
Proper eating, tasting, drinking, betelnut, or tobacco use						Proper hot holding temperatures					
5	IN	OUT	N/A	N/O	6	20	IN	OUT	N/A		6
No discharge from eyes, nose, and mouth						Proper cold holding temperatures					
<b>Preventing Contamination by Hands</b>											
6	IN	OUT	N/A	N/O	6	21	IN	OUT	N/A		6
Hands clean and properly washed						Proper date marking and disposition					
7	IN	OUT	N/A	N/O	6	<b>Consumer Advisory</b>					
No bare hand contact with ready-to-eat foods or approved alternate method properly followed						22	IN	OUT	N/A		6
8	IN	OUT			6	Consumer Advisory provided for raw or undercooked foods					
Adequate handwashing facilities supplied & accessible						<b>Highly Susceptible Populations</b>					
<b>Approved Source</b>											
9	IN	OUT			6	23	IN	OUT	N/A		6
Food obtained from approved source						Pasteurized foods used; prohibited foods not offered					
10	IN	OUT	N/A	N/O	6	<b>Chemical</b>					
Food received at proper temperature						24	IN	OUT	N/A		6
11	IN	OUT			6	Food additives: approved and properly used					
Food in good condition, safe, and unadulterated						25	IN	OUT			6
12	IN	OUT	N/A	N/O	6	Toxic substances properly identified, stored, used					
Required records available: shellstock tags, parasite destruction						<b>Conformance with Approved Procedures</b>					
<b>Protection from Contamination</b>											
13	IN	OUT	N/A		6	26	IN	OUT	N/A		6
Food separated and protected						Compliance with variance, specialized process, and HACCP plan					
14	IN	OUT	N/A		6	<div style="border: 1px solid black; padding: 5px;">                     Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.                 </div>					
15	IN	OUT			6						
Food contact surfaces: cleaned & sanitized											
Proper disposition of returned, previously served, reconditioned, and unsafe food											

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS	Compliance Status			COS	R	PTS
<b>Safe Food and Water</b>											
27		Pasteurized eggs used where required			1	<b>Proper Use of Utensils</b>					
28		Water and ice from approved source			2	40		In-use utensils: properly stored			1
29		Variance obtained for specialized processing methods			1	41		Utensils, equipment and linens: properly stored, dried, handled			1
<b>Food Temperature Control</b>											
30		Proper cooling methods used; adequate equipment for temperature control			1	42		Single-use/single-service articles: properly stored, used			1
31		Plant food properly cooked for hot holding			1	43		Gloves used properly			1
32	X	Approved thawing methods used			1	<b>Utensils, Equipment and Vending</b>					
33	X	Thermometer provided and accurate			1	44	X	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
<b>Food Identification</b>											
34	X	Food properly labeled; original container			1	45	X	Warewashing facilities: installed, maintained, used; test strips			1
<b>Prevention of Food Contamination</b>											
35	X	Insects, rodents, and animals not present			2	46	X	Nonfood-contact surfaces clean			1
36	X	Contamination prevented during food preparation, storage & display			1	<b>Physical Facilities</b>					
37		Personal cleanliness			1	47		Hot & cold water available, adequate pressure			2
38	X	Wiping cloths: properly used and stored			1	48	X	Plumbing installed; proper backflow devices			2
39		Washing fruits and vegetables			1	49	X	Sewage and wastewater properly disposed			2
<b>Documents and Placards</b>											
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.						50	X	Toilet facilities: properly constructed, supplied, & cleaned			2
Person in Charge (Print and Sign)						51		Garbage/refuse properly disposed; facilities maintained			2
DEH Inspector (Print and Sign)						52	X	Physical facilities installed, maintained, and clean			1
						53		Adequate ventilation and lighting; designated areas use			1
						<b>Documents and Placards</b>					
						54		Sanitary Permit, Health Certificates valid and posted			2

Person in Charge (Print and Sign)		Date:
<b>CAI HONG JUN</b>	<b>11/1/17</b>	
DEH Inspector (Print and Sign)		Follow-up (Circle one): YES NO
<b>J. GAROVA</b>	<b>D. MITCHELL</b>	<b>NO</b>
		Follow-up Date
		<b>11/1/17</b>

Department of Public Health and Social Services  
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME <b>CHINA CITY CAFE</b>		LOCATION (Address) <b>612 N. MARINE DR. LOT 2 TRACT 100 BLK 1</b>	
INSPECTION DATE <b>11 / 1 / 17</b>	SANITARY PERMIT NO. <b>170003067</b>	PERMIT HOLDER <b>CHAOS CORPORATION</b>	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
Beef tendon / Stand up chiller	40.5 °F		
Raw shell egg / Stand up chiller	40.5 °F		
Raw Beef / preparation chiller	41.0 °F		
Raw chicken / Stand up chiller	30.0 °F		
Raw shrimp / preparation chiller	36.0 °F		
COOKED beef / preparation chiller	40.5 °F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED BASED ON A COMPLAINT #18-008 REGARDING POSSIBLE COCKROACH LEG FOUND IN FRIED RICE. THE CLAIM IS SUBSTANTIATED. EVIDENCE OF LIVE COCKROACH INFESTATION OBSERVED AT THE TIME OF INSPECTION. PREVIOUS INSPECTION CONDUCTED ON 1/21/14 (O/A). THE FOLLOWING VIOLATIONS WERE OBSERVED.	
1	NO MANAGER'S CERTIFICATE PROVIDED. THE ESTABLISHMENT SHALL PROVIDE A PERSON-IN-CHARGE WITH A VALID MANAGER'S CERTIFICATE TO ENSURE THE ESTABLISHMENT IS IN COMPLIANCE WITH THE GUAM FOOD CODE.	
2	NO EMPLOYEE HEALTH POLICY PROVIDED. AN EMPLOYEE HEALTH POLICY SHALL BE PROVIDED TO ENSURE PROPER RESTRICTION & EXCLUSION OF EMPLOYEES WITH REPORTABLE SYMPTOMS.	
6	HANDS NOT PROPERLY WASHED. HANDS SHALL BE PROPERLY WASHED TO PREVENT THE SPREAD OF BACTERIA & CROSS CONTAMINATION.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <b>CAI HONG JUN</b>	Date: <b>11 / 1 / 17</b>
DEH Inspector (Print and Sign) <b>Derion Mitchell EPHO-II</b>	Date: <b>11 / 1 / 2017</b>

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ESTABLISHMENT NAME <b>CHINA CITY CAFE</b>		LOCATION (Address) <b>612 N. MARINE DR LOT 2 TRACT 100 BLK 1 CALVO CENTER</b>
INSPECTION DATE <b>11 / 1 / 17</b>	SANITARY PERMIT NO. <b>170003067</b>	PERMIT HOLDER <b>CHAO'S CORPORATION</b>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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8	<sup>HOT</sup> NO WATER IN KITCHEN <sup>&amp; TOILET</sup> HANDSINKS. HOT WATER SHALL BE PROVIDED TO PROMOTE PROPER HANDWASH HYGIENE	
11	FOOD NOT IN SAFE CONDITION, EXPOSED WITH NO COVER TO COCKROACHES. COCKROACHES IN CHILLER WITH RAW MEAT. FOOD SHALL BE PROTECTED TO PREVENT ITS CONTAMINATION FROM PESTS.	
13	<sup>COVERED &amp;</sup> FOOD NOT PROPERLY SEPARATED. OBSERVED PLASTIC BAG STORED DIRECTLY ON TOP OF READY-TO-EAT FOOD. FOOD SHALL BE PROPERLY SEPARATED TO PREVENT CROSS CONTAMINATION.	
14	FOOD CONTACT SURFACES (CUTTING BOARDS WITH DISCOLORATION & OPEN SEAMS THROUGHOUT) NOT CLEAN & SANITIZED. ALL FOOD CONTACT SURFACES SHALL BE SMOOTH, NON-POROUS, & EASILY CLEANABLE TO PREVENT BACTERIAL GROWTH.	
25	TOXIC SUBSTANCES SUCH AS GUSSE CLEANERS STORED NEXT TO FOOD CONTAINERS. CHEMICAL OVEN CLEANERS STORED ABOVE WAREWASHING AREA. ALL TOXIC SUBSTANCES SHALL BE PROPERLY STORED TO PREVENT CONTAMINATION OF FOOD.	
32	FOOD THAWING AT ROOM TEMPERATURE (RAW DUCK). FOOD SHALL BE THAWED PROPERLY TO PREVENT THE RAPID GROWTH OF BACTERIA.	

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Person In Charge (Print and Sign) <i>[Signature]</i>	Date: <b>11/1/17</b>
DEH Inspector (Print and Sign) <i>Derin Mitchell EPH-11</i>	Date: <b>11/1/2017</b>

Department of Public Health and Social Services  
Division of Environmental Health

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ESTABLISHMENT NAME CHINA CITY CAFE		LOCATION (Address) 612 N. MARINE DR. LOT 2 TRACT 100 CALVO CENTER	
INSPECTION DATE 11/1/17	SANITARY PERMIT NO. 170003067	PERMIT HOLDER CHAO'S CORPORATION	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

33	NO THERMOMETERS PROVIDED FOR CHILLERS. NO STEM-TYPE THERMOMETERS PROVIDED. THERMOMETERS SHALL BE PROVIDED TO MONITOR AMBIENT TEMPERATURES OF CHILLERS & INTERNAL TEMPERATURE OF FOOD.	
34	FOOD STORED DIRECTLY ON THE FLOOR (RICE BAGS & ONIONS). FOOD SHALL BE PROPERLY STORED TO PREVENT CONTAMINATION.	
34	FOOD NOT PROPERLY LABELED, NOT IN ORIGINAL CONTAINERS. FOOD SHALL BE PROPERLY LABELED TO PREVENT POTENTIAL CONFUSION WHICH COULD LEAD TO INADVERTANT CONTAMINATION OF FOOD.	
35	COCKROACHES OBSERVED THROUGHOUT KITCHEN AREA. INSECTS & PESTS SHALL NOT BE PRESENT TO PREVENT CONTAMINATION OF FOOD.	
38	WIPING CLOTHS NOT PROPERLY STORED IN SANITIZING SOLUTION. WIPING CLOTHS SHALL BE STORED IN SANITIZING SOLUTION WHEN NOT IN USE TO PREVENT CROSS-CONTAMINATION & BACTERIAL GROWTH.	
44	PREPARATION CHILLER & FREEZERS IN DISREPAIR. DOOR SEALS IN DISREPAIR. ACCUMULATION OF DIRT, GREASE/OIL, DUST & GRIME ON NON-FOOD CONTACT SURFACES. ALL REFRIGERATION UNITS SHALL BE KEPT IN GOOD REPAIR TO PREVENT CONTAMINATION FROM PHYSICAL HAZARDS. ALL SURFACES SHALL BE MAINTAINED CLEAN TO PREVENT ACCUMULATION OF BACTERIA.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign) J. GARCA EPHO I	Date: 11/1/17
DEH Inspector (Print and Sign) D. MITCHELL EPHO II	Date: 11/1/17

# Food Establishment Inspection Report

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ESTABLISHMENT NAME <u>China City Cafe</u>		LOCATION (Address) <u>Calvo center 612N. Marine DR Lot 2 tract 100 BLK 1</u>
INSPECTION DATE <u>11/1/2017</u>	SANITARY PERMIT NO. <u>170003067</u>	PERMIT HOLDER <u>Chao's Corporation</u>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

45	WAREWASHING SINK (HOT WATER KNOBS) NOT WORKING OR IN DISREPAIR. WAREWASHING SINK (FAUCET BASE) IN DISREPAIR AND CHEMICAL TEST KIT NOT PROVIDED. ALL WAREWASHING FACILITIES SHALL BE IN GOOD REPAIR/WORKING ORDER TO THOROUGHLY WASH UTENSILS/EQUIPMENT. CHEMICAL TEST KITS SHALL BE PROVIDED TO <del>ALLOW</del> <sup>RE</sup> ENSURE SANITIZER IS AT THE PROPER STRENGTH.	
46	ACCUMULATION OF GREASE/SOIL ON STOVE AN INTERIOR OF FOOD PREPARATION CHILLER. ALL NON-FOOD CONTACT SURFACES SHALL BE FREE OF SOIL/GREASE AND CLEANED AS OFTEN AS NEEDED TO PREVENT THE ATTRACTION OF PESTS	
48	MOP SINK NOT PROVIDED FOR THE ESTABLISHMENT. MOP SINK SHALL BE PROVIDED TO ALLOW THOROUGH CLEANING OF FLOORS AND DISPOSAL OF MOP WATER.	
49.	AIR GAP OR BACKWATER VALVE NOT PROVIDED FOR THREE COMPARTMENT SINK. GREASE TRAP LOCATED OUTSIDE NOT PROPERLY COVERED. AIR GAP OR BACKWATER VALVE SHALL BE PROVIDED TO PREVENT THE BACK-UP OF SEWAGE. GREASE TRAP SHALL BE PROPERLY COVERED TO PREVENT <del>THE</del> <sup>RE</sup> STANDING WATER/ ATTRACTION OF PESTS.	
50	SELF-CLOSING DEVICES NOT PROVIDED FOR RESTROOMS. ALL RESTROOMS SHALL BE PROVIDED WITH SELF-CLOSING DEVICES TO PREVENT THE ENTRANCE/EXITING OF PESTS.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign) <u>[Signature]</u>	Date: <u>11/1/17</u>
DEH Inspector (Print and Sign) <u>Dorien Mitchell EDHO-II</u>	Date: <u>11/1/2017</u>

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ESTABLISHMENT NAME <u>China City Cafe</u>		LOCATION (Address) <u>Calvo Center 612 W. Marine DR Lot 2</u> <u>Tract 100 BLK 1</u>
INSPECTION DATE <u>11 / 1 / 2017</u>	SANITARY PERMIT NO. <u>170003067</u>	PERMIT HOLDER <u>Chao's Corporation</u>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	ACCUMULATION OF (CARD BOARD) THROUGHOUT FLOORS (KITCHEN).	
52	ACCUMULATION OF SOIL THROUGHOUT FLOORS / WALLS AND PIPING IN KITCHEN. SELF-CLOSING DEVICE NOT PROVIDED FOR KITCHEN <del>BACK</del> <sup>FRONT</sup> SCREEN DOOR. ALL FLOORS / WALLS AND PIPING SHALL BE CLEANED AS OFTEN AS NEEDED TO PREVENT THE ATTRACTION OF PESTS. SELF CLOSING DEVICE SHALL BE PROVIDED FOR KITCHEN SCREEN DOOR TO PREVENT THE ENTRANCE OF PESTS. (CARD BOARD) SHALL BE REMOVED TO ALLOW THOROUGH CLEANING	
8	CONTINUED: HAND SINK IN KITCHEN / FRONT SERVICE AREA NOT PROVIDED WITH <del>H<sub>2</sub>O</del> <sup>H<sub>2</sub>O</sup> LIQUID HAND SOAP / PAPER TOWELS AND PAPER TOWEL DISPENSER. ALL HAND SINKS SHALL BE PROVIDED WITH LIQUID HAND SOAP / PAPER TOWELS AND PAPER TOWEL DISPENSER TO ENSURE EMPLOYEES THOROUGHLY WASH THEIR HANDS. WATER DISPENSER SHALL BE REMOVED FROM HAND SINK IN FRONT SERVICE AREA (THIS IS TO PREVENT CONTAMINATION OF FOOD).	
	SANITARY PERMIT IS HEREBY SUSPENDED DUE TO MULTIPLE VIOLATIONS CITED AND <del>IMMEDIATE</del> <sup>IMMEDIATE</sup> IMMINENT HEALTH HAZARD CAUSED BY COCKROACH INFESTATION.	
	PHOTOS WERE TAKEN	
	BRIEFED PIC ON THIS INSPECTION	
	REMOVED "A" PLACARD	
	ISSUED "D" PLACARD NO. 00928 AND "NOTICE OF CLOSURE" PLACARD	
	ISSUED NOTICE OF CLOSURE AND RE INSPECTION REQUEST FORM	
	<del>A \$100</del> A \$100 RE-INSTATEMENT FEE SHALL BE <del>PAYABLE</del> <sup>BE</sup> PAYABLE TO THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES AFTER A FOLLOW-UP INSPECTION IS CONDUCTED AND ALL VIOLATIONS ARE CORRECTED.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign) <u>[Signature]</u>	Date: <u>11 / 1 / 17</u>
DEH Inspector (Print and Sign) <u>Darin Mitchell EPHO-II</u>	Date: <u>11/1/2017</u>